

MICHIGAN



Office of Highway Safety Planning

# Youth Alcohol Enforcement Activity Report

**Fax this completed form to (517) 333-5756 within five (5) days after every enforcement effort. Complete each line (if none, enter "0") Incomplete forms will not be accepted.**

|   |  |
|---|--|
| Agency Name                                 |  |
| Grant Number                                |  |
| County                                      |  |
| Agency Contact Person                       |  |
| Enforcement Date(s)                         |  |
|   |  |
| # of Grant Hours Worked                     |  |
| # of Officers Working Detail                |  |
| # of Enforcement Contacts Made              |  |
| # of Parties Dispersed                      |  |
| # of False Identification Citations Written |  |
| # of MIP Citations Written                  |  |
| # of Adults Furnishing Alcohol Arrests      |  |
| # of Traffic Stops Leaving Parking Lots     |  |
| # of Traffic Stops Leaving Party            |  |
| # of Traffic Stops Leaving Special Events   |  |
| # of Open Intoxicant Citations Written      |  |
| # of OUIL Arrests                           |  |
| # of Verbal Warnings Issued                 |  |
| # of Felony Arrests                         |  |
| # of Misdemeanor Arrests                    |  |
| # of Persons Lodged                         |  |
| Others:                                     |  |
|   |  |
|   |  |

If enforcement efforts result in no arrests or contacts, cite reason(s) why.

|   |
|---|
|   |
| Did the Michigan State Police participate? If not, cite reason(s) why and include name(s) of MSP personnel contacted. |
|   |
| <b>Please attach copy of pre-enforcement and post-enforcement media release</b>                                       |